



**SOUTH DAKOTA BOARD OF NURSING**

4305 S. Louise Ave., Suite 201  
Sioux Falls, South Dakota 57108-3115  
Phone: 605-362-2760

**FILE COPY**

Shelly Vonk, RN, DON  
Hudson Healthcare Center  
720 Parkway Box 486  
Hudson, SD 57034

Dear Ms. Vonk:

Your application for re-approval of your Nurse Aide Training program at Hudson Healthcare Center utilizing Procure and *How to be a Nurse Assistant* through AHCA, both of which are approved curriculum has been received in the Board Office. It has been determined that your program meets the criteria for approval/re-approval in South Dakota.

Based on the information provided, you meet the qualification requirements to serve as Program Coordinator as set forth in ARSD 44:04:18:10. Your current RN licensure was verified, and you have a minimum of two years of nursing experience with at least one year long term care experience.

Kris Jurgenson, RN continues to meet the requirements of primary instructor as set forth in ARSD44: 04:18:11. The primary instructor is the actual teacher of course material and must have a minimum of two years nursing experience, at least one year of which is in the provision of long term care services.

All requirements continue to be met for approval of your training program, and your approval status is valid until **June 2012**. At the time of renewal, an approval/renewal form may be obtained on our website at [www.nursing.sd.gov](http://www.nursing.sd.gov).

If you need further assistance, please call me at the above number.

Sincerely,

Nancy Bohr RN, MBA, MSN, FRE  
Nursing Program Specialist

Cc: Diana Weiland  
South Dakota Department of Health

Enc: Application Approval



**SOUTH DAKOTA BOARD OF NURSING**  
**SOUTH DAKOTA DEPARTMENT OF HEALTH**  
 4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115  
 (605) 362-2760 ♦ FAX: 362-2768

**APPLICATION FOR NURSE AIDE TRAINING PROGRAM**

Please select: ☐ INITIAL APPROVAL

☒ REAPPROVAL

Please select: ☒ NURSING HOME BASED

☐ NON-NURSING HOME BASED

*Based on Program Requirements, complete and submit to the South Dakota Board of Nursing:*

**INITIAL APPROVAL REQUIREMENTS**

- ☐ Description of physical facilities for training programs
- ☐ Description of licensed nurse supervision of students
- ☐ Student:Instructor ratio in the clinical setting
- ☐ Listing of program length & distribution of hours
- Course Syllabus:
  - ☐ If using a Course Syllabus that has current approval from the Board of Nursing, you are not required to submit the Course Syllabus
  - ☐ If using a Course Syllabus that does not have current approval from the Board of Nursing, submit:
    - Course overview
    - Course objectives
    - Content outline
    - Skills training
    - Teaching methodologies
    - Methods of evaluation
    - Environment for learning
    - Student:Instructor ratio
    - Names of required textbooks

**REAPPROVAL REQUIREMENTS**

- ☐ Changes in physical facilities for training programs, if any
  - ☒ Changes in licensed nurse supervision of students, if any
  - ☐ Changes in clinical Student:Instructor ratio, if any
  - ☐ Changes in program length & distribution of hours, if any
  - ☐ Changes in Course Syllabus, if any
  - ☒ Changes in Faculty, if any
- COMMENTS:

Note: Written notification should be submitted to the Board of Nursing if any substantive changes in Curriculum or Faculty are made within the two-year Approval Period.

FACILITY TO OFFER NURSE AIDE TRAINING PROGRAM Hudson Healthcare Center

ADDRESS: Box 486 Hudson, SD 57034

TEL: 605-984-2244 FAX: 605-984-2744 EMAIL: Shelly@wardenterprisesllp.com

NAME OF COURSE: American Healthcare Association - How to be a Nurse Assistant

PROGRAM COORDINATOR & CREDENTIALS: Shelly Vonk, RN, DON

- ☒ Attach vitae/professional work history with Initial Application for this Program Coordinator
- ☒ Attach a copy of current RN license card with Initial Application and each Reapproval Application

PRIMARY INSTRUCTOR & CREDENTIALS: Kris Jurgenson, RN

- ☐ Attach vitae/professional work history with Initial Application for this Primary Instructor
- ☐ Attach a copy of current RN or LPN license card with Initial Application and each Reapproval Application
- ☐ Attach "Train the Trainer" Certificate, or verification of adult teaching experience within the past five years

SIGNATURE OF APPLICANT/TITLE Shelly Vonk RN, DON DATE 5-5-10

THIS SECTION TO BE COMPLETED BY BOARD OF NURSING REPRESENTATIVE

DATE APPLICATION RECEIVED: 5-10-10 DATE APPROVED: 5-11-10

DATE APPLICATION RETURNED: \_\_\_\_\_ DATE DENIED: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

EXPIRATION DATE OF APPROVAL: June 2012

BOARD REPRESENTATIVE: Jancy Bow RN, MBA, MSH, FRC